

**COFNODION CYMERADWYO O GYFARFOD Y PWYLLGOR CYLLID/
APPROVED MINUTES OF THE FINANCE COMMITTEE MEETING**

Date and Time of Meeting:	Monday 21 st October 2019, 1.30pm – 4.30pm
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen

Present:	Mr Michael Hearty, Associate Member (Committee Chair) Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board (HDdUHB) Mr Mike Lewis, Independent Member (Committee Vice Chair) (part) Mr Paul Newman, Independent Member Mr Huw Thomas, Director of Finance Mr Steve Moore, HDdUHB Chief Executive Mr Joe Teape, Director of Operations/Deputy Chief Executive (part) Mr Andrew Carruthers, Turnaround Director Mrs Lisa Gostling, Director of Workforce & Organisational Development
In Attendance:	Miss Maria Battle, Chair of HDdUHB Mr Keith Jones, Assistant Director of Acute Services (part) Mr Ben Garside, KPMG LLP Mr Shaun Ayres, Assistant Director of Value Based Contracting Mrs Sarah Bevan, Committee Services Officer (Secretariat)

AGENDA ITEM	ITEM	
FC(19)189	INTRODUCTIONS AND APOLOGIES FOR ABSENCE The Chair, Mr Michael Hearty, welcomed all to the meeting. Apologies were received from: <ul style="list-style-type: none"> • Mr David Powell, Independent Member 	Action
FC(19)190	DECLARATIONS OF INTERESTS There were no declarations of interest made.	
FC(19)191	MINUTES OF PREVIOUS MEETING HELD ON 24th SEPTEMBER 2019 RESOLVED – that the minutes of the Finance Committee meeting held on 24 th September 2019 be APPROVED as a correct record.	
FC(19)192	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 24th SEPTEMBER 2019 An update was provided on the Table of Actions from the meeting held on 24 th September 2019 and confirmation received that all outstanding actions had been progressed or were forward planned for a future Committee meeting, with the exception of: <ul style="list-style-type: none"> • FC(19)170 Finance Report Month 5 – to discuss escalation of Delayed Transfer of Care (DToC) issues to the Regional Planning Board (RPB) – Mr Steve Moore informed Members that the escalation of DTOC issues are planned to be reported to the RPB, 	

with discussions to be held with the Executive Director of Pembrokeshire Social Care and other Local Authorities shortly; action closed.

It was noted that all remaining items on the Table of Actions are reflected on the agenda for today's Committee meeting.

FC(19)193 FINANCIAL PERFORMANCE PRESENTATION/ FINANCE REPORT MONTH 6

Members were presented with the Financial Performance Presentation and the Finance Report Month 6.

Mr Huw Thomas informed Members that the Month 6 position is £0.7m operational variance to plan and £3.8m Year to Date (YTD). The Month 6 YTD variance to breakeven is £12.6m. Mr Thomas highlighted the significant adverse variances against plan, including operational surge with the resultant vacancies covered by premium cost staff, drugs in Unscheduled Care (USC), the local Tuberculosis (TB) outbreak, Medicines Management Primary Care Prescribing, and the unidentified savings profile impact.

Mr Thomas informed Members that deterioration from Month 5 is primarily due to Primary Care Prescribing following a price increase in August 2019 in Category M drugs, and continued pressures in relation to New Oral Anticoagulants (NOAC). Mr Hearty enquired whether pressures are due to random drug costs or prescribing. Mr Thomas responded that it is due to the Category M price increase, which is a nationally driven issue. However, given the importance of Primary Care provision within HDdUHB, the impact is disproportionate in comparison with other Health Boards.

Mrs Judith Hardisty, Miss Maria Battle and Mr Joe Teape joined the Committee meeting

Mr Thomas provided an overview of the key cost drivers, including bed pressures, Unscheduled Care, and agency usage. Referring to the Operational Pressures slide, Mr Thomas highlighted the £3.4m cost of Medicines Management. Mr Thomas also highlighted an under-spend within Mental Health and Learning Disabilities, and slippage details which have benefitted the projected position.

Mr Thomas informed Members that the Executive Team had met to discuss support for the delivery of savings schemes, with each area being led by a named Executive Lead. Further detail of this is contained within the Turnaround Report.

Mr Thomas highlighted that additional opportunities identified by KPMG are not yet factored into the savings scheme figures.

Projection, including savings risk and projected slippage on identified savings schemes, is an adverse variance to plan of £13.9m; this would equate to a year end deficit position of £28.9m. Referring to the Opportunities slide, Mr Thomas informed Members that the forecast after

delivery of pipeline schemes is £27.9m. This includes a focus on cross border activity/commissioning, Planned Care reconfiguration and benefits of Referral to Treatment Time (RTT) funding. Mr Thomas advised that, assuming Welsh Government (WG) funding for the TB outbreak, assuming delivery of opportunities within KPMG's work, and considering areas of uncommitted spend i.e. Mental Health, underused dental allocation, and uplift in allocation to fund inflationary uplift in dental, he remained hopeful that this would contribute to reaching a 2019/20 forecast of £23.5m. However, this is still £8.5m above the £15m control total.

Mr Thomas brought two specific risks to the Committee's attention. One in relation to Welsh Risk Pool, which is likely to invoke a risk sharing agreement for 2019/20. The outlook indicates the potential for an additional £1.4m coming to HDdUHB to support Welsh Risk Pool. The second relates to funding the core team. Mr Thomas advised that conversations are being held with WG for £2.6m funding for the core team, with the risk being that this funding will not materialise.

Comments were invited from Members.

Referring to the savings gap identified from the assured (green) and amber (marginal risk) savings schemes, Mr Paul Newman highlighted certain schemes that have not yet been initiated, with a risk associated with these producing savings by the end of March 2020. Mr Andrew Carruthers responded that putting the appropriate resources in place will make a difference and believed that over the next 5 months an improvement in the position will continue to be seen. Mr Benjamin Garside informed Members that the savings scheme tracker is vital, with approximately 100 opportunities identified that are in various stages of readiness. The key is ensuring that capacity and time is allocated to progressing these.

Mr Hearty enquired how the gap can be closed. Mr Carruthers assured Members that the Terms of Reference for each of the Turnaround Delivery Groups stipulate delivery of identified actions and the translation of new ideas/opportunities for progression. Mr Carruthers informed Members that the Groups currently meet fortnightly, with weekly meetings being held at site level to discuss length of stay improvement. Mr Newman advised that he would welcome assurance that the momentum is maintained.

Mr Thomas informed Members that the key issue identified by KPMG in strengthening the Delivery Framework is the level of project management support to drive savings actions in real time. Mr Thomas assured Members that weekly meetings are held with the finance team and a dashboard is being developed to support this work.

Mrs Judith Hardisty sought assurance that Directorates are aware of the expectations when agreeing to their budgets and queried the need for extra support when certain elements of the work should be undertaken as part of managing their budgets. Mr Thomas responded that there are three issues driving the current position: USC pressures; Medicines Management and TB. Mr Thomas highlighted the required focus to accelerate actions associated with strategy work, i.e. pathways and the

improvement of services, and the importance of being proactive rather than reactive.

Mr Mike Lewis joined the Committee meeting

Mr Hearty queried the plans in place for reforecasting, if the reality is that the Health Board will not hit the £15m control total. Mr Thomas responded that the Board will have an opportunity to review the position before the forecast is formally changed. Mr Thomas advised that finance are still seeking all opportunities to achieve the £15m control total, however the projection is looking more like £23.5m currently.

Mr Moore expressed his belief in the possibility of reaching better than the £23.5m forecast position and that if this could be accomplished, focus could then be placed on driving this down to £20m and then £15m. Mr Moore added that if HDdUHB reaches a £20m forecast position, this would result in delivery of the plan submitted to Board in March 2019.

Mr Moore informed Members that the upcoming Holding To Account (HTA) and Targeted Intervention (TI) meetings will feed into this process. Mr Thomas recommended a structured discussion on reforecasting be held at the November 2019 Finance Committee meeting, prior to submission to Board on 28th November 2019. Mr Hearty stated that before Finance Committee provides assurance to the Board, he would wish to see an audit trail that all avenues have been explored prior to revising the forecast position.

Mr Newman queried if the Committee are now satisfied that the team is the right size to achieve the tasks involved. Mr Carruthers responded that he believes the team is currently in line with KPMG's expectations. Mr Garside agreed that the capacity and capability of the team is appropriate to carry out the transformation work required. Mr Thomas added that a methodical approach to recruitment had been applied in order to achieve the best skill mix.

HT

The Committee **NOTED** and **DISCUSSED** the financial position for Month 6.

FC(19)194 TURNAROUND REPORT MONTH 6

Members were presented with the Turnaround Report Month 6. Adding to discussions during the preceding agenda item, Mr Carruthers informed Members that the Turnaround Delivery Groups, established to progress projects at pace to deliver the annual plan for 2019/20, held their first meetings in the week commencing 14th October 2019. Mr Hearty queried whether a financial value would be applied against each Group, which Mr Carruthers confirmed would be available.

Mr Hearty highlighted within sections 1 and 2 of the appended Turnaround Report that the YTD variables are falling behind plan and queried the causes for this. Mr Carruthers responded that this is due to the profile having not yet caught up or due to initial plans being inaccurate. Mr Carruthers assured Members that work is being undertaken to validate

	<p>these figures. Mr Thomas also assured Members that this variance is accounted for within the forecast position.</p> <p>Mr Thomas reiterated to Members the risks highlighted in the previous agenda item relating to £2.6m core team funding and £1.4m Welsh Risk Pool. If this funding does not materialise there will be an additional £4m pressure.</p>	
	The Committee NOTED the Turnaround Report Month 6.	

FC(19)195	<p>REFERRAL TO TREATMENT TIME (RTT) MONTH 6</p> <p>Members were presented with the RTT Month 6 report, providing progress in respect of the financial plan and planned expenditure trajectory to support RTT, Diagnostic and Therapy service waiting times.</p> <p>Mr Keith Jones informed Members that all future reports will monitor expenditure against the total funding provision for 2019/20, which stands at £6.95m. Mr Jones assured Members that he remains confident in delivering the year end outturn of £4.65m, which is attributed to the lower than originally forecast cost of recovering lost activity of theatre work in Worthy General Hospital (WGH).</p> <p>Activity to Month 6 demonstrated targeted expenditure above core budgeted levels of £2.36m plus contractual commitments of £205k to support additional validation capacity. Based on current and future projected expenditure patterns, the total projected expenditure for 2019/20 has been revised to £6.45m.</p> <p>Mr Hearty queried whether plans have accounted for the impact of winter activity. Mr Jones responded that YTD figures illustrate fewer cancellations due to bed pressures and show a slight reduction to previous year's figures. Mr Hearty queried if this is as a result of improved bed management. Mr Jones responded that it is reflective of the case mix, however the level of communication between Primary Care teams and operational teams is the most effective seen to date.</p> <p>Mrs Hardisty enquired whether the current issues surrounding medics not wanting to work additional sessions due to pension allowances would impact upon the ability to deliver Waiting List Initiatives. Mr Jones responded that work is in progress to forecast the impact of this, however, this has not led to a reduction in core capacity. The impact is upon the propensity of clinical staff to undertake additional work and the best estimate at the moment derives from definitive responses received from those clinicians indicating they will not undertake any extra sessions. Mr Jones advised that this issue may become more acute in the second half of the year and therefore needs consideration. Mr Jones informed Members that the issue is being discussed at WG level with potential options being considered.</p> <p>Mrs Lisa Gostling informed Members that guidance is anticipated from WG regarding the application of pension flexibilities and not only for clinical staff.</p>	
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	The Committee DISCUSSED and NOTED the progress to Month 6 in respect of the financial plan and planned expenditure trajectory to support RTT, Diagnostic and Therapy service waiting times delivery for 2019/20.	
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FC(19)196	WORKFORCE PAY CONTROLS – KPMG GRIP AND CONTROL ACTION PLAN UPDATE AND ESTABLISHMENT CONTROL PROJECT UPDATE	
	<p>Members were presented with an Update on Grip and Control, providing an outline of the initial findings from the KPMG Grip and Control work stream together with a progress update on agreed actions. The report also provided an update on the Establishment Control Project (ECP).</p> <p>Mrs Gostling informed Members that the ECP tool is produced and distributed monthly. The tool had been updated in September 2019 to include the reasons for booking bank/agency. Data is now included that shows temporary staff usage for the Allied Health Professionals (AHP) and Healthcare Scientist staff groups. The development of a tool to monitor compliance against the Nurse Staffing Act (Wales) 2016 and to assist Senior Nurses monitoring the rostering of staff substantive/bank/agency has been completed.</p> <p>Mrs Gostling informed Members that work is ongoing to review the vacancy figures held within TRAC and the Establishment Control tool. The area of largest discrepancy is the Medical workforce. Further work is also to be undertaken between the service and Finance to confirm the current establishment. Mrs Gostling undertook to provide an update at the November 2019 Committee meeting. Members acknowledged the significant step forward in being able to link finance data with the Electronic Staff Record (ESR) system.</p> <p><i>Mr Keith Jones left the Committee meeting</i></p> <p>Mrs Gostling referred to the appended action plan, which provided an update on progress against each of the agreed actions identified by KPMG. Mrs Gostling informed Members that the internal process for staff wishing to join up to the bank has been changed to a much swifter model.</p> <p>Mr Newman queried the conclusion date of the action to improve the efficiency of job planning. Mrs Gostling confirmed that the anticipation is for this to be in place by the end of March 2020. Mr Newman queried if this refers to electronic job planning and Mrs Gostling undertook to confirm this.</p> <p>Referring to the action relating to long term temporary staff, Mr Lewis queried the financial implications of keeping staff on a long term basis. Mrs Gostling responded that work is ongoing to review locums who have been with HDdUHB for over 12 months, in order to support them to become a substantive consultant. Mr Lewis queried if this also applied to temporary administrative staff. Mrs Gostling responded that there is currently no requirement to review administrative staff. However, bank office staff are being reviewed.</p> <p>Referring to the rota management action and the suggestion to have a single medical rota for Accident & Emergency (A&E), Mrs Hardisty queried</p>	<p style="text-align: right;">LG</p> <p style="text-align: right;">LG</p>

	<p>if this should be considered for other specialities. Discussion was held on the challenges involved in having a single consultant on call.</p> <p>Mr Hearty concluded that the action plan provided clarity, although an indication of when actions are to be closed would be useful. Mr Hearty queried the financial savings ascribed to the actions and Mrs Gostling responded that this currently stands at £6.9m. However, this is indicative of the work carried out by KMPG, with possible further savings opportunities emerging from the Workforce Delivery Group.</p> <p>Miss Maria Battle queried whether a ban on Thornbury usage had been considered. Mrs Gostling responded that this has been considered several times and it is only in exceptional circumstances that Thornbury is utilised. Mrs Gostling advised that Thornbury usage had been totally eradicated in Bronglais General Hospital (BGH), however, numbers have increased slightly in GGH and WGH. Mr Moore added that a complete ban has been attempted in the past but has not been successful, however there is a recognition that this needs to be achieved.</p> <p>Regarding sickness absence, Mrs Gostling informed Members that the focus is now on the wellbeing of employees, with a new all Wales Attendance at Work policy, with a more compassionate focus on sickness management.</p> <p>Mr Hearty queried whether the specific Turnaround Delivery Group identified in the Turnaround Report is picking up the workstreams identified from the action plan. Mr Carruthers confirmed that the workstreams are being led by the Workforce Delivery Group.</p>	LG
	The Committee NOTED the Update on Grip and Control report.	

FC(19)197	<p>CAPITAL FINANCIAL MANAGEMENT</p> <p>Members were presented with the Capital Financial Management report, providing the latest update on the Capital Resource Limit (CRL) for 2019/20.</p> <p>Mr Thomas informed Members that the £1.3m total balance available for allocation is being discussed at the Business, Planning and Performance Assurance Committee (BPPAC). Mr Thomas advised Members that there were no concerns from the report to highlight.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the Capital Resource Limit for 2019/20 together with expenditure allocations and profile; • NOTED the work being undertaken to manage the financial risks identified. 	

FC(19)198	<p>CONTRACTS UPDATE</p> <p>Members were presented with the Contracts Update report, providing the Month 6 and forecast position in relation to Long Term Agreements (LTA). Mr Thomas informed Members that the report is consistent with the report that is submitted to BPPAC.</p>	
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	<p>Mr Shaun Ayres highlighted the key drivers of expenditure and activity within the LTAs, advising that the financial over-performance is predominantly driven by high cost drugs in Swansea Bay University Health Board (SBUHB) which has seen an improvement based on Quarter 2 high cost drug submissions. Mr Lewis queried the use of the term 'over-performance' and Mr Ayres responded that, from a contracting perspective, it refers to spending more than budgeted.</p> <p>The key drivers for Cardiff and Vale University Health Board (CVUHB) are high cost drugs, Orthopaedics and Critical Care activity.</p> <p>Welsh Health Specialised Services Committee (WHSSC) is financially under plan due to the release of reserves. This is as a result of schemes that are delayed, have not started yet, or under performance with English providers.</p> <p>Mr Hearty suggested that too much detail is included within the report for Finance Committee purposes and requested that a more concise report be submitted to the November 2019 Committee meeting. Mr Hearty added that, from a Finance Committee perspective, it would be useful to know when work to drive down the costs can be actioned.</p>	SA/HT
	<p>The Committee NOTED the content of the Contract Update report and took assurance that the steps taken are in line with the Finance Committee's expectations.</p>	

FC(19)199	<p>DRAFT INDICATIVE FINANCIAL PLAN 2020/21</p> <p>Members were presented with the Draft Indicative Financial Plan 2020/21 report, providing an assessment of the financial challenge for HDdUHB for 2020/21. Mr Thomas stressed that this is a first iteration at this stage and that a review will be undertaken with the Director of Planning, Performance and Commissioning over the coming weeks to assess the pressures coming through.</p> <p>Referring to the accompanying presentation, the opening underlying deficit for 2020/21 has been calculated at £43.2m. Mr Thomas informed Members that £10m recurring income is assumed and, based on the current position, is not likely to be achievable. An overview was presented to Members of the breakdown of the deficit for 2020/21, providing full year impact and cost pressures identified at Directorate level. Mr Thomas highlighted the £10.4m additional cost of WHSSC contracts and Long Term Agreements (LTA).</p> <p>Based upon the current identification of cost pressures and allocation increase assumptions, the financial challenge facing HDdUHB for 2020/21 is £63.2m and therefore £63.2m of savings need to be identified to achieve a breakeven position.</p> <p>Mrs Hardisty queried when the plan will reflect the direction of travel of the Transformation fund and localities work. Mr Thomas responded that budgets at a Directorate level are needed, however there is work ongoing to look at the seven localities and programmes of spend, which is being progressed through the Value Based Health Care work.</p>	
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	<p>Mr Lewis queried if HDdUHB are accountable for the 1% medical pay uplift. Mr Thomas responded that this is included within the 2% uplift on WG allocation. Mr Lewis queried the cost of the Major Trauma Unit and Mr Thomas undertook to establish these.</p> <p>Mr Moore highlighted the need for a national debate on WHSSC.</p> <p>Mr Hearty concluded by advising that the 2020/21 plan needs to consider what has been learnt in 2019/20, for example, the work on Grip and Control and budget management. With regards to Transforming Clinical Services, it was agreed that the savings plan for 2020/21 needs to be transformational.</p> <p>Mr Moore highlighted the importance of considering a Value Based Health Care approach and locality based resource allocation, advising that the WG work on the resource allocation formula will have an impact.</p> <p>Mrs Hardisty suggested that a full picture of all income streams is required, i.e. cluster monies, Integrated Care Fund (ICF), Transformational Funds and pacesetter monies, to ensure these are being used wisely to inform investment decisions. Mr Thomas informed Members that work on this is currently being progressed by the Strategic Enabling Group (SEG). Mr Hearty noted that reference to the above income streams should be included within the Draft Financial Plan 2020/21.</p>	HT
	<p>Members NOTED the Financial Plan Development and Draft Financial Plan report.</p>	

FC(19)200	<p>LEARNING FROM WINTER 2018/19 AND PREPAREDNESS FOR 2019/20</p> <p>Members were presented with the Learning from Winter 2018/19 and Preparedness for 2019/20 report. Mr Teape stated that the report does not present the full winter plan and that a draft had been discussed at Executive Team. The plan is currently a work in progress with no funds committed as yet.</p> <p>Mr Teape informed Members that the methodology used for winter planning in 2018/19, based upon on analysis of bed demand and capacity outturn positions for winter 2018/19, had been applied again for 2019/20. Members were advised that the bed gap had been derived from the actual January to March 2019 position, which consists of surge beds, plus medical patients on surgical wards, plus patients lodging overnight in A&E and Minor Injuries Unit (MIU). This gap equates to 158 beds, which will need to be accommodated if HDdUHB is to safely navigate through winter 2019/20.</p> <p>Mr Teape informed Members that HDdUHB has been allocated £1.2m from WG. HDdUHB has allocated £1m recurrently to support new/additional initiatives across the acute sites. The total funding support for winter, within HDUHB's control, is therefore £2.2m. In addition to this, the RPB and Primary Care funds are both additional areas of potential support.</p>	
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	<p>The current expectation is that funding allocated to the RPB is used for the entire region. Mr Teape advised that the plan is to submit the optimum amount of bids through the RPB in order to reduce HDdUHB's commitments.</p> <p>The final winter plan will be submitted to the November 2019 Board meeting.</p> <p>Mr Hearty queried when exactly the winter period commences. Mr Teape responded that the drawing down of funds is currently being discussed and that further discussions with Executive Team are needed to determine actions i.e. opening capacity.</p> <p>Miss Battle highlighted the importance of having a joined up plan for 2020/21 and that discussion needs to be held with County Directors to enable this and to ensure a regional focus. Mr Moore informed Members that the configuration of the RPB is beneficial at present, as whatever is approved at RPB will require approval from HDdUHB as well as Local Authorities.</p> <p><i>Mr Joe Teape left the Committee meeting</i></p>	
	<p>The Committee NOTED the Learning from Winter 2018/19 and Preparedness for 2019/20 report.</p>	

<p>FC(19)201</p>	<p>EXTERNAL FINANCE REVIEW/ KPMG REFRESH PLAN TO FINANCIAL DELIVERY UNIT</p> <p>Members were presented with a verbal update on the External Finance Review by Mr Garside, who provided an overview of the scope of KPMG's work. This included the assessment of drivers; a revised forecast outturn for 2019/20; a review of grip and control; a recovery plan for 2019/20; and the Delivery Framework, i.e. the governance to deliver the Turnaround plan.</p> <p>An update on each of the above areas was provided to Members and it was noted that overall, work is being delivered effectively.</p> <p>Mr Garside informed Members that the Financial Delivery Unit (FDU) have agreed, in conjunction with KPMG and HDdUHB, that work will be completed by 8th November 2019.</p> <p>Mr Garside further informed Members that a suite of papers from the FDU will enable further discussions at the November 2019 Committee meeting. Mr Garside undertook to provide a written update to the November 2019 Committee meeting.</p>	<p>BG</p>
	<p>The Committee NOTED the External Finance Review.</p>	

<p>FC(19)202</p>	<p>EFFICIENCY OPPORTUNITIES – FINANCIAL DELIVERY UNIT EFFICIENCY FRAMEWORK</p> <p>Members were presented with the Efficiency Opportunities – Financial Delivery Unit (FDU) Efficiency Framework report, setting out the key areas of potential improvement of financial performance identified by the FDU and</p>	
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	<p>their likelihood of delivery. Mr Thomas informed Members that the report is for the Committee to note.</p> <p>In relation to the key areas of potential improvement identified by the FDU and their likelihood of delivery, Mrs Hardisty noted the absence of timescales for completing this work and Mr Thomas undertook to establish these.</p>	HT
	The Committee NOTED the Efficiency Opportunities – Financial Delivery Unit Efficiency Framework report.	
FC(19)203	STRATEGIC FINANCIAL PLANNING GROUP UPDATE REPORT TO STRATEGIC ENABLING GROUP (SEG)	
	No report available due to the Group not having met until 14 th October 2019.	
	Mr Hearty requested that this item be brought as a discussion item for the November 2019 Committee meeting.	
FC(19)204	FINANCIAL PROCEDURES	
	Members were presented with the Financial Procedures report, highlighting that the following procedure has been reviewed for presentation to the Finance Committee for approval: <ul style="list-style-type: none"> • FP11 Financial Management System (FMS) – System Access & General Ledger Security Procedure 	
	The Committee APPROVED FP11 Financial Management System (FMS) – System Access & General Ledger Security Procedure.	
FC(19)205	WALES AUDIT OFFICE PUBLIC SPENDING TRENDS IN WALES 1999-00 TO 2017-18	
	Members were presented with the Wales Audit Office Public Spending Trends in Wales 1999-00 to 2017-18 for information.	
	The Committee NOTED the Wales Audit Office Public Spending Trends in Wales 1999-00 to 2017-18 report.	
FC(19)206	FINANCE COMMITTEE UPDATE REPORT TO BOARD FROM PREVIOUS MEETING	
	Members were presented with the Finance Committee Update Report to the Board from the meeting held on 24 th September 2019 for information.	
	The Committee NOTED the Finance Committee Update Report to Board.	
FC(19)206	FINANCE COMMITTEE ANNUAL WORKPLAN	
	Members were presented with the Finance Committee Annual Workplan.	
	The Committee NOTED the Finance Committee Annual Workplan.	
FC(19)207	REFLECTIVE SUMMARY	
	Mr Thomas outlined the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting:	

	<ul style="list-style-type: none"> • Potential £23.5m revised projected forecast position and the need for an audit trail providing assurance that every avenue has been explored and exhausted to reach the control total • Assurance on cost pressures and savings delivery • Risks associated with the materialisation of funding for core team and Welsh Risk Pool • RTT – activity anticipated to be delivered within £6.45m, therefore enabling the release of monies • Grip & Control workstreams, including job planning, rostering and rota management • Discussions of the draft indicative financial plan 2020/21, recognising that the savings plan for 2020/21 needs to be transformational and recognising the critical impact of WHSSC activity • Discussions around the draft winter plan and the importance of working with the RPB to deliver plans • KPMG provided an update on their work 	
	<p>The Committee NOTED the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting.</p>	

FC(19)208	ANY OTHER BUSINESS	
	No other business was raised.	

FC(19)209	DATE OF NEXT MEETING	
	Tuesday 26 th November 2019, 9.00am - 12.00pm, Boardroom, Ystwyth Building, St. David's Park, Carmarthen	